VIRGINIA DEPARTMENT OF HEALTH (VDH) OFFICE OF DRINKING WATER (ODW) FINANCIAL AND CONSTRUCTION ASSISTANCE PROGRAMS (FCAP)

RETURN APPLICATION TO:

Office of Drinking Water /VDH 109 Governor Street, 6th Floor Richmond, VA 23219 (Voice: 804-864-7501)

(FAX: 804-864-7521)

Note: Submit two complete and signed applications and two copies of all required attachments

APPLICATION FOR REFINANCE FUNDS

Application also available at: http://www.vdh.virginia.gov/odw/financial/dwfundingprogramdetails.htm

Incomplete information may result in the delay or rejection of the application request.

PRE-SCREENING REQUIREMENTS FOR REFINANCING DEBT:

If approved the refinance will be for the same final maturity up to a 20 year loan at the core term interest which is set at closing but has historically been around 1.5 to 2.4%. VDH reserves the right to offer a 30 year if the waterworks meets certain disadvantaged criteria.

If	you ar	swer YES to any of the	ese questions; STC	P as you <u>are not</u> eli	gible to apply for Ref	inance funds.				
1.	Have you been debarred or suspended from applying for state or federal funds?									No
2.	Is your waterworks state, federally, tribally, or privately owned?									No
3.	3. Is your waterworks classified as a Non-community Waterworks (i.e. NTNC or TNC)?								Yes 1	No
		R REQUIREMENT aswer NO to any of the							revised.	
4.		debt was incurred for cated with supporting		n to the construction	of drinking water in	frastructure can th	e drinking w	ater port	ion be readil Yes	•
5.	Is the debt pre-payable or current callable?								Yes 1	No
6.	. Was the debt incurred for DW construction with a construction initiation date after July 1, 1993?							Insure	Yes 1	No
7. If construction was initiated after October 30, 2009; were Davis-Bacon Wage requirements incorporated into the construction?								?		
							□ N/A, U	Jnsure	Yes 1	No
8.	If pla	and specs were app	roved after January	y 16, 2014; were Am	nerican Iron and Steel	or Buy American	requirement	ts incorp	orated into th	ne
	construction?					□ N/A, Unsure □ Yes □ N				
SI	ECTI	ON A – ORGANIZ	ATIONAL AND	CONTACT INF	ORMATION					
	Leg	al Owner of Waterwor	ks or Authorized A	agent						
	a.	Name:								
	b.	Address:	Street Address/P.O. B			Town/City		State	ZIP	
	c.	Contact Person:		ox		Town/City		State	ZIP	
	d.	Telephone Number:				Alternate Number	er:			
	е.	FAX Number:				E-mail Address:				
	f.	Federal DUNS #:				1202000				

SECTION B - APPLICATION CERTIFICATION

The undersigned representative of the applicant certifies that the information contained herein and the attached statements and exhibits are true, correct, and complete to the best of their knowledge and belief. The undersigned agrees to clarify or supplement information pertaining to this application upon request. The undersigned recognizes that the information contained herein may be subject to state Freedom of Information Act requirements. The undersigned acknowledges that a part of any interest required on a closed loan can be used by VDH to support the drinking water program.

	Owner or Chief Administrative Officer of Waterworks:						
	NAME and TITLE:		_				
	ORGANIZATION:		_				
	SIGNATURE :	DATE:	_				
The	CTION C – DEBT REFINANCING INFORMATION Drinking Water loan can only be used to pay outstanding princenses and the loan must be pre-payable or currently callable.		us reasonable financing				
1.	Refinance Funding for Drinking Water Infrastructure Debt						
	Amount of debt eligible for refinance (principal only)	\$	_				
	Other eligible costs (e.g. Bond Counsel)	\$					
	VDH loan closing costs (assumed)*	\$6,000	_				
	Total Amount of VDH funding assistance needed	\$	_				
	*VDH reserves the right to apply a closing fee of \$6,00 \$6,000 may be included in the principal of the loan. If from the final budget.						
2.	Existing final maturity and desired final maturity:						
3.	Type of security applicant anticipates giving for the loan:	: [Check All Appropriate Type(s)]					
	☐ Pledge of Revenue of the Water System Only.						
	Pledge of Revenue of Water and Sewer System.						
	General Obligation of the Locality.						
	Other – Describe:						
SE	CTION D – REQUIRED ATTACHMENTS: Please lab	bel your attachments with corresponding numbers	s (i.e. D-1, D-2, etc.).				
۱.	atstanding debt amount and with whom. Include origination date(s) of the debt obligation(s) to be refinanced.						
2.	Estimated Refinance savings. Use the net present value savings of the existing debt minus the potential refinance debt. Assume a level del service schedule with semi-annual payments at an interest rate of 2.2% for 20 years or shorter to match the existing final maturity date. The first payment will be six months after loan closing and should occur within 12 months of application submittal. If you have difficulty calculating this savings, please contact VDH.						

- 3. Controlling Board Authorization or Owner's Letter identifying Agent Authorized to make application to the DWSRF.
- 4. One copy of the latest interim (unaudited) financial statement.
- 5. One copy of the current year budget.
- 6. One copy each of the five most recent annual audits. If the applicant has existing debt held by VRA and audit submittals are current, it is not necessary to submit. This item may be submitted in PDF format on a CD provided 2 copies of the CD are submitted.
- 7. One copy of the bond and loan agreement to be refinanced.